

## ***Application for Peddlers, Transient Merchants & Professional fundraisers.***

City of Maple Grove  
Police Department – Licensing  
12800 Arbor Lakes Pkwy. P.O. Box 1180 –  
Maple Grove, MN 55311  
Phone: (763) 494-6100

### **Information:**

- Application must be **complete** and **legible**. (Indicate not applicable (N/A) on application if appropriate.)
- Allow a minimum of five working days for the application to be processed.
- No peddling or soliciting until license has been issued. Peddling or soliciting prior to issuance of a license is a violation of the City Ordinance and is cause for denial and/or an arrest.
- Licenses expire December 31<sup>st</sup> of the current year, regardless of the date issued (or earlier if so designated)
- The fee is not pro-rated and is non-refundable.
- Failure to provide true and complete information shall constitute a violation of the ordinance in question; and in addition to the penalties prescribed for violation of the ordinance in question, the license of any applicant may be revoked by reason of material falsification or omission of information for said application.

### **Requirements: Applications will not be accepted without all of the following**

- \$15.00 non-refundable background payments are due when the application is turned in. If the application is approved, a fee of \$35.00 will be due when you pick up your license. (These must be made in two payments)
- Completed application (if something does not apply to you, please put N/A).
- Provide proof of any State or County license.
- Supply 2 color photos (head & shoulders) of self taken within 60 days of application that are **pre-cut to 2"x2"**. *Passport style photos work great.*
- Supply a government issued legitimate ID to be photo copied at the time the application is turned in. (State issued DL with photograph, Passport, Alien ID, Non-qualification card with photo or Armed Forces (active duty or reserve) identification.)

### **The license I am applying for:**

- Peddler:** A person that is attempting to sell either a product or personal service. This may include setting up future contracts for service or a person that carries the actual merchandise offered for sale, not just samples of such products, both product delivery and payment may occur during the initial interaction or for future service.
- Transient merchant:** A person who temporarily sets up business out of a vehicle, trailer, boxcar, tent, other portable shelter, or empty store front for the purpose of exposing or displaying for sale, selling or attempting to sell, and delivering, goods, wares, products, merchandise or other personal property and who does not remain or intend to remain in any one location for more than 14 consecutive days.
- Professional fundraiser:** A person that is paid for canvassing activities, they are compensated for working on behalf of an otherwise exempt group or person.

### **-Office Use Only-**

Date application Received: \_\_\_\_\_ Person accepting application: \_\_\_\_\_

Paid \$15.00 fee for background check

## Application for Peddlers, Transient Merchants & Professional fundraiser

This application form requests information, which may be classified as private or confidential under the Minnesota Data Practices Act. This information is required by State law or City ordinance. The information will be used to determine your eligibility for issuance of a license. Failure to provide the information will result in a denial of the permit.

### Applicant's Information

Full Legal Name: \_\_\_\_\_  
Last First middle (full middle name)

Other names you have used: (nickname, maiden name, etc.) \_\_\_\_\_

Male \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_

Female \_\_\_\_\_ Eye color \_\_\_\_\_ Race \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State issued: \_\_\_\_\_

### Permanent Home Address (The applicant's address, not the company address.)

Address: \_\_\_\_\_ City/ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Other Phone: ( ) \_\_\_\_\_

### Local Address (where you will reside while conducting business in our City)

SAA: Check here if you will be staying at the same address as above while doing business in Maple Grove.

Address: \_\_\_\_\_ City/ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Local Phone Number: ( ) \_\_\_\_\_ Other Phone Number: ( ) \_\_\_\_\_

### Vehicle Information: (Please list ALL vehicles that will be used while conducting business in our City.)

Vehicle #1: Make/Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

License Plate Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Vehicle #2: Make/Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

License Plate Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

**Business Information:**

Business name: \_\_\_\_\_

Any other names the business is affiliated, owned, managed or operated by: \_\_\_\_\_

Address: \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ State Sales Tax Number: \_\_\_\_\_

Supervisor or Manager's Name: \_\_\_\_\_

**Product or merchandise information:**

A brief description of the nature of the business and the products to be sold: \_\_\_\_\_

Where is the local point of distribution and the address? \_\_\_\_\_

Will you have the merchandise in your possession when you are going door to door?  YES  NO

**Application information:**

Dates you are applying for the permit: \_\_\_\_\_ Hours of the day: \_\_\_\_\_ to \_\_\_\_\_

Please note: No soliciting between the hours of 7:00 pm and 9:00 am per city ordinance.

List the three most recent locations where the applicant has conducted business as a peddler or solicitor:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Have you been convicted within the last 5 years of any felony, gross misdemeanor, or misdemeanor for violations of any state or federal statute or any local ordinance, other than a petty misdemeanor traffic violation?  YES  NO

Explain below the offense you were charged with, the location (City, County, and State), what you were convicted of, the sentencing you received (fine, probation, parole, etc.) and your current status in regards to parole, probation, etc:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I agree to operate such business in accordance with the laws of Minnesota and the ordinances of the city of Maple Grove. these statements are true, correct and are made with the knowledge that this information may be made public. False disclosures are subject to perjury proceedings and forfeiture of the license application.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Certificate of Compliance Minnesota Workers' Compensation Law

*City of Maple Grove*

Minnesota Statute, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirements of MSS Chapter 176. The information required is: the name of the insurance company, the policy number, and dates of coverage, or the permit to self-insure. This information will be collected by the City and retained in the files.

This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided or falsely stated, it may result in a \$1,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

**YOUR LICENSE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION.**

**You must complete number 1, 2 or 3 below.**

**Business Name (Individual name only if no company name used):** \_\_\_\_\_

**Address of Business:** \_\_\_\_\_  
(Street) (City) (State) (Zip)

**Number 1 – Complete this portion if you are insured:**

Insurance Company Name (NOT the Agency or Agent): \_\_\_\_\_

Workers' Compensation Insurance Policy Number: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Number 2 – Complete this portion if self-insured:**

I am self insured (Include permit to self-insure)

**Number 3 – Complete this portion if exempt:**

I am not required to have workers' compensation liability coverage because:

I have no employees

I have employees but they are not covered by the workers' compensation law. (These include: spouse, parents, children and certain farm employees, see MN Stat. 176.041 for a full list of excluded employees.)

**ALL APPLICANTS COMPLETE THE FOLLOWING SECTION**

*I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.*

**Applicant's signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# Department of Public Safety Background Investigation Consent Release

City of Maple Grove

As a license applicant, I hereby give my consent for a personal background investigation, to include a criminal history check, to be used in the determination of whether my application is to be approved. The results of such investigation shall be made public pursuant to appropriate the Police Chief or designees approval or denial of the permit application. I understand that I am under no legal obligation to consent to such investigation, but that my refusal to so consent may be the basis for denying my application.

Type of license or permit you are applying for: \_\_\_\_\_

## Applicant information:

Full legal name: \_\_\_\_\_  
(Last) (First) (Middle)

Other names you have used: (including nickname, maiden name, etc.) \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a crime relating to this type of license or permit?  YES  NO

If yes, state jurisdiction, type of violation and disposition: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***These statements are true, correct and are made with the knowledge that this information may be made public. False disclosures are subject to perjury proceedings and forfeiture of the permit application.***

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Notification for license involving private or Confidential information (Includes Tennessean Warning)

*-City of Maple Grove-*

**In connection with your request for a license, the City has asked that you provide information about yourself, which is classified as private, confidential, nonpublic, or protected nonpublic under the Minnesota Government Data Practices Act. This means that this data is not ordinarily available to the general public. Accordingly, the City is required to inform you of the following:**

1. The purpose and intended use of the information requested is to determine if you are eligible for a license from the City of Maple Grove.
2. You are not legally obligated to supply the requested information.
3. The known consequences of supplying the requested information are that the information of further investigation could disclose information, which could cause your application to be denied.
4. The known consequences of refusing to supply the requested information are that your request for a license cannot be processed.
5. A criminal charge, arrest, or conviction will not necessarily bar you from obtaining a license or permit within the City, unless the conviction is related to the matter for which the license is sought, according to Minnesota Statute 364.03. However, failure to reveal the requested criminal information will be considered falsification of the application and may be used as grounds for the denial of the application.
6. Other governmental agencies necessary to process your application are authorized by law to receive the information provided.
7. The City is required by law to furnish some of this information to the Department of Labor and Industry and the Minnesota Commissioner of Revenue.
8. During the application process, your name and address may be released to the public. If the license is granted, all the data supplied will be available for inspection by the public.

**The undersigned, by signing this notice, acknowledges that he/she has read and understood the contents of this notice and has received a copy of this notice.**

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**Applicant's Signature**

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**Date**